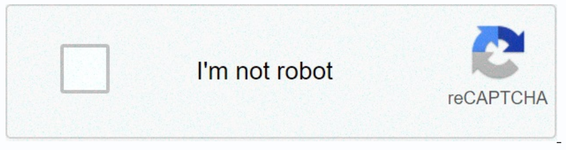

Continue

Anesthesia machine checklist pdf

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Checks at the start of every operating session/ If Machine is moved to new location.
Do not use this equipment unless you have been trained

☐ Check self inflating bag (AMBU bag) is available behind machine		
☐ Perform manufactures (automatic) Machine check		
Gas Supplies & Suction	☐ Gas & Vacuum Tug Test ☐ Cylinders filled and turned off ☐ Flow-meters working (if applicable)	☐ Hypoxic guard working ☐ Oxygen Flush working ☐ Suction clean & working
Breathing System	☐ Whole system patent & leak free using "two-bag" test ☐ Vaporizers – fitted correctly, filled, leak free, plugged in (if necessary) ☐ Soda Lime – Colour checked,	confirm that it's indicated what colour shows it is exhausted, date changed. Alternative systems (Bain, T-piece), Checked ☐ Correct gas outlet selected ☐ Capnography working well
Ventilator	☐ Working and configured correctly	
Scavenging	☐ Working and configured correctly	
Monitors	☐ Working and configured correctly ☐ Alarms limits & volumes set	
Airway Equipment	☐ Full range required available in room & working with spares ☐ Emergency difficult airway aids available	
TIVA	☐ An anti-reflux/non-return valve present	
Check final status of the machine	☐ Vaporisers off ☐ APL valve open ☐ Selector switch to Bag Mode	☐ All flow-meters to zero (or minimum) ☐ Patient suction level adequate ☐ Breathing system ready to use
☐ Note weekly check of oxygen failure alarm is working well.		
☐ Record this checks in patient record		

The Two-bag test should be performed after the breathing system, vaporizers, ventilators have been checked individually.

Anaesthetic Facilities, Services and Machines Guidelines

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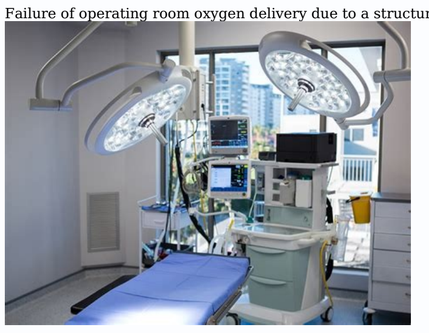

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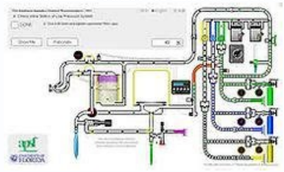

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POST ANESTHESIA/RECOVERY KNOWLEDGE & SKILLS CHECKLIST

NAME:
ID #:
DATE:

This Skills Checklist is for use by nurses with more than one year experience in their discipline and specialty. Please be accurate with your assessment.

DESCRIPTION	1	2	3	4
GENERAL				
1. Charge duties				
2. Primary care				
3. Team nursing				
4. Universal Precautions				
5. Isolation				
6. Physical assessment/Admission of patient				
7. Post-Surgical documentation				
8. Computer use documentation				
PRECAUTIONS				
1. Universal Precautions				
2. Regular Isolation				
3. Reverse Isolation				
4. Respiratory Isolation				
5. Skin/Wound Isolation				
6. Dressing Change Isolation				
MONITORING				
Cardiac Monitoring				
1. Interpretation of Arrythmias				
2. Recognition of basic cardiac rhythms				
3. Troubleshoot monitors				
4. Peripheral pulses, skin color, temp				
Arterial Pressure Monitoring				
1. ABG interpretation				
2. Calibration Care of arterial line				
3. Discontinuing an arterial line				
4. Recognition of normal waveform				
5. Withdrawal of arterial blood				
Central Venous Pressure Monitoring				
1. Set up CVP line				
2. Care of CVP line				
3. Obtaining CVP reading				
4. Recognition of abnormal measurement				
5. Discontinuing a central line				

DIRECTIONS: Please indicate your level of experience by placing a check (√) in the box. Experience level:

1 NO EXPERIENCE
2 MINIMAL EXPERIENCE-requires supervision/assistance
3 MODERATELY EXPERIENCED-requires initial review, then performs independently
4 VERY EXPERIENCED- proficient

DESCRIPTION	1	2	3	4
Blood Pressure Monitoring				
1. Manual and Doppler devices				
2. Arterial				
3. Automatic				
4. Swan-Ganz Pressure Monitoring				
5. Intracranial Pressure Monitoring				
6. Interpretation of Blood Studies				
AIRWAY				
Airway Management				
1. Assessment of tidal volumes				
2. Assessment of breath sounds				
3. Insertion/removal nasal & oral airways				
4. Oral, nasal, nasotracheal, & endotracheal suctioning				
Airway complications and their management				
1. Respiratory obstruction				
2. Hypoventilation				
3. Laryngospasm/bronchospasm				
4. Aspiration				
5. Atelectasis				
IV THERAPY				
1. Heparin/Saline lock				
2. Insertion of IV line				
3. CVP lines and dressing changes				

1 | Page

2002;94:1672. [PubMed] [Google Scholar]16. Hay H. Delivery of an hypoxic gas mixture due to a defective rubber seal of a flowmeter control tube. Eur J Anaesthesiol. 2000;17:456–8. [PubMed] [Google Scholar]17. Barahal D, Sims C. Ventilator failure during use of a new anesthesia machine. Anesthesiology. 2001;95:568–9. [PubMed] [Google Scholar]18.

Checklist for Anaesthetic Equipment 2012

AAGBI Safety Guideline

Checks at the start of every operating session
Do not use this equipment unless you have been trained

Check self-inflating bag available

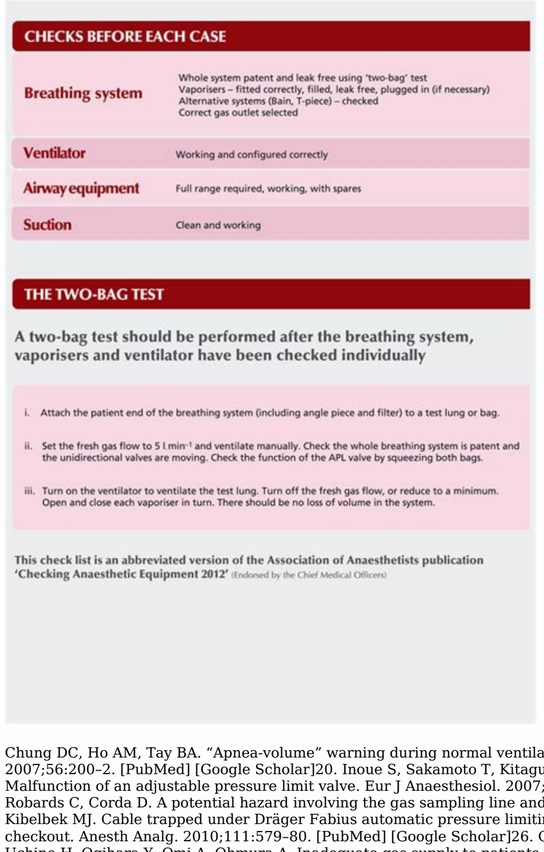
Perform manufacturer's (automatic) machine check

Power supply	• Plugged in • Switched on • Back-up battery charged
Gas supplies and suction	• Gas and vacuum pipelines – 'tug test' • Cylinders filled and turned off • Flowmeters working (if applicable) • Hypoxic guard working • Oxygen flush working • Suction clean and working
Breathing system	• Whole system patent and leak free using 'two-bag' test • Vaporisers – fitted correctly, filled, leak free, plugged in (if necessary) • Soda lime - colour checked • Alternative systems (Bain, T-piece) – checked • Correct gas outlet selected
Ventilator	• Working and configured correctly
Scavenging	• Working and configured correctly
Monitors	• Working and configured correctly • Alarms limits and volumes set
Airway equipment	• Full range required, working, with spares

RECORD THIS CHECK IN THE PATIENT RECORD

Don't Forget!	• Self-inflating bag • Common gas outlet • Difficult airway equipment • Resuscitation equipment • TIVA and/or other infusion equipment

This guideline is not a standard of medical care. The ultimate judgement with regard to a particular clinical procedure or treatment plan must be made by the clinician in the light of the clinical data presented and the diagnostic and treatment options available.



CHECKS BEFORE EACH CASE

Breathing system	Whole system patent and leak free using 'two-bag' test Vaporisers – fitted correctly, filled, leak free, plugged in (if necessary) Alternative systems (Bain, T-piece) – checked Correct gas outlet selected
Ventilator	Working and configured correctly
Airway equipment	Full range required, working, with spares
Suction	Clean and working

THE TWO-BAG TEST

A two-bag test should be performed after the breathing system, vaporisers and ventilator have been checked individually

i. Attach the patient end of the breathing system (including angle piece and filter) to a test lung or bag.

ii. Set the fresh gas flow to 5 l min^{-1} and ventilate manually. Check the whole breathing system is patent and the unidirectional valves are moving. Check the function of the APL valve by squeezing both bags.

iii. Turn on the ventilator to ventilate the test lung. Turn off the fresh gas flow, or reduce to a minimum. Open and close each vaporiser in turn. There should be no loss of volume in the system.

This check list is an abbreviated version of the Association of Anaesthetists publication 'Checking Anaesthetic Equipment 2012' (Endorsed by the Chief Medical Officers)

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Eur J Anaesthesiol.
2000;17:591–3. [PubMed] [Google Scholar]66. Dorsch JA, Dorsch SE, editors. Understanding Anesthesia Equipment. 5th ed. Philadelphia, USA: Lippincott Williams and Wilkins; 2007. Controlling trace gas levels; pp. 404–30. [Google Scholar]67. Mackenzie M. Anaesthetic gas scavenging. [Last accessed on 2013 May 31]. Available from: Page 2A concise anaesthesia machine checklist for daily use (content in bold indicates minor check procedure that should be followed between anaesthetic conducts). The checklist should be modified to suit the type of anaesthesia machine / workstation available at individual location